Request for Use of Erie County Emergency Services Training Facilities

GENERAL INSTRUCTIONS:

[PLEASE READ ALL INFO CAREFULLY]

- 1. Identify which training facility (indoor and/or outdoor) you would like to utilize and the purpose of your request.
- 2. **For classroom sessions** tables and chairs will be provided. The organization requesting use of the facility is responsible for organizing them in the desired arrangement.
- For training evolutions indicate training objective(s) to be accomplished (fire attack, search and rescue, ground ladders, etc.) in addition to the facilities to be used. Indicate if live fire training will be used.
 -Training evolutions will be confirmed or declined 45 days in advance of the requested training date.
- 4. Outdoor facilities are typically available for use from May 1st thru October 31st. Call for off-season availability.
- 5. Complete one form for each session requested. List the date and time you would like to request for each session indicating your primary choice and two alternate dates. The alternate dates will be considered if your primary choice is not available. Failure to provide alternate training dates will cause your request to be returned if the primary choice is unavailable. Complete two separate forms (total) if you would like to schedule both a day and evening session on the same date.
- 6. All requests will be handled on a first come first serve basis. Verbal requests will not be honored. Use is subject to space and staff availability.
- 7. Return this form to: Erie County Fire Safety FAX/681-3645 3359 Broadway Cheektowaga NY 14227
- 8. You will receive a written confirmation as to the availability of the facility, date and instructor requested.
- Contact the Fire Safety Office at: 716/681-7111 or via e-mail to: fire@erie.gov with any questions.

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REQUESTED USE: [TO BE COM							PLETED BY ORGANIZATION REQUESTING USE OF FACILITY]								
Primary Date /		1		Alternate Date		1		Alter	nate	te Date			1		
R	equested:	/	/		Requested:		/	/	R	eques	sted:	/		/	
Open Time:			Close Time:						nated						
									ttend						
Event Title/															
Training Objective(s):															
Organization Requesting															
Use of the Facility:															
j															
Contact Requesting Us									Title:						
of the Facility:			ιy.					I							
Phone:							Fax:								
E-Mail:															
MEETING/CLASSROOM SPACE: [AVAILABLE AT CHEEKTOWAGA TRAINING ACADEMY ONLY] 1,3													Y] ^{1,3}		
Purpose of Use:							nly 🗆	Other:							
Equipment Needed:				☐ Overhead Projector ☐ Slide Projector ☐ LCD/PC Projector ☐ Podium ☐ TV ☐ VCR ☐ DVD ☐ Satellite Downlink ☐ Video Conferencing											
Host/Instructor Needed:					☐ No ☐ Yes – Specify Preferred Instructor:										
Special Needs:															
TRAINING FACILITIES & PROPS:							[INDICATE WHETHER OR NOT LIVE FIRE WILL BE USED							D] ^{2,3}	
Cheektowaga Traini				ing A	ng Academy			Amherst			Chestnut Ridge)	
[Check All That								[Check All That Appl			[Check All That Apply				
		☐Live Fire						rehouse	☐Live F		Smoke	house		ive Fire	
					nter Survival Building		Towe		□Live F		Tower			ive Fire	
	maddi rawanimaza				tion Simulator		Oil Pi					tion Simul			
					Confined Space Rescue NOTE: Agencies using outdoor facilities must comply with Erie Tanker Truck Spill/Rollover County Fire Safety Policies regarding student participation.										
			ı anker	Truck Spill/Rollover	C	ounty	rire Safe	ty Policies	regard	ııng stu	dent parti	cipa	ition.		
Preferred Instructor(s):															
¹ = Multi-Media equipment availability is limited and subject to user fees.															
NO					hay) will be used in thes				instructors	will be	assigne	d as appli	cable	e	

³= See Facility Request Status Letter and Erie County Fire Safety Training Policies for terms and conditions that may apply.

Form: ECFS-1050 - Training Facility Request Form As of: 03/05/03